

POLICY AND PROCEDURE MANUAL

DEPARTMENT: Administration	ISSUE NO: 831-200-337
EFFECTIVE DATE: August 9, 2011	SUPERSEDES DATE: April 25, 2008

SUBJECT: Access to Electronic Health Records at University Hospital

REFERENCES:

- 1) **Corporate Compliance and Privacy: Standards for Privacy of Individually Identifiable health Information: 00-01-15-05:00 (University Policy)**
- 2) **Corporate Compliance and Privacy: Protection of Sensitive Electronic Information; 00-01-15-50:00 (University Policy)**
- 3) **HIPAA – Appropriate Access Policy**

PURPOSE:

The purposes of this policy are:

- (1) to define those individuals by job function or title who require access to the patient Electronic Health Records (EHR) at University Hospital and its practice locations and
- (2) to define those circumstances under which access will be permitted or limited and
- (3) to define how the process of determining eligibility for access and for granting access will be implemented.

Note: Refer to Confidentiality & Information Security Policy #831-200-001, for information regarding violation of confidentiality policy.

RESPONSIBILITIES:

The Chief Medical Officer, Chief Financial Officer, Vice President for Patient Care Services, Chief Medical Information Officer, Executive Compliance Officer, and Hospital Systems & Technology (HS&T) Director and their designees, are responsible to ensure compliance with and implementation of this policy.

POLICY:

- A. Categories of individuals by job function or title who require access to the EHR at University Hospital are as follows:
 1. **Healthcare providers** for a specific individual patient will be granted limited access to that individual EHR in order to perform their respective function.
 2. **Students matriculated at UMDNJ** or any of its schools who require access to the EHR for educational programs that involve UH patient care duties will be issued limited access to the EHR.

3. **Individuals employed by University Hospital** who are performing a hospital function that requires information from the UH EHR to perform that job as approved by their supervisor. In these situations, access will be limited by job description or by specific activity to specific parts of the EHR upon request.
 4. **Individuals employed by other affiliated entities** who are performing a function at UH that requires information from the UH EHR to perform that job, as approved by their supervisor. In these situations, access may be limited by job description or by specific activity to specific parts of the EHR, subject to approval.
 5. **Students not matriculated at UMDNJ** or any of its schools who require access to the EHR for educational programs that involve UH patient care duties will be issued limited access to the EHR, subject to approval.
 6. **Individuals who are performing research** involving UH EHR data and that research has been approved by the Institutional Review Board (IRB) and by the Office of Clinical Research Administration (OCRA) may be issued limited access to the EHR by request (Reference Medical Records Policy), subject to approval. http://njms.umdj.edu/research/clinical_research_admin.cfm
 7. **Others** may request access and be granted on an as-needed basis.
- B. Categories of access to the University Hospital EHR may include:
1. Full access to health data, including some or all information systems.
 2. Limited access may include access:
 - to a specific program or programs;
 - for a specific time duration;
 - for specific patient records;
 - for specific types of records (e.g. by security access levels.).
 3. Functional limitation of access such as view only, dictation access, or write access.
 4. Print access.

PROCEDURE:

1. Individuals to be granted access to the University Hospital EHR will complete UMDNJ approved HIPAA and compliance training programs, will be trained on each EHR system and will be issued a personal identification and password prior to granting of access, as per HS&T Policies and Procedures.
 - a. Under rare circumstances, MIC will approve access to the UH EHR to low-volume providers, specifically without complete training, for the sole purpose of countersigning dictations. Each request for such access must be approved by the MIC, and EHR usage by these providers will be supervised by Medical Records Department staff.

2. Individuals listed in category A. 1, 2, and 3 above will be granted automatic limited access to the appropriate EHR programs, without requirement for application to Medical Informatics Committee.
3. NJMS Medical Students will be granted limited access through the Medical Informatics Committee as defined curriculum set forth by the NJMS Curriculum Committee. No application to the Medical Informatics Committee for access will be needed, provided that the student fits into category A2.
4. All individuals engaged in any approved clinical research (category A6 above) who require initial access or additional access to UH EHR, will complete an "Access to Electronic Health Record Request" and submit this request with a copy of the IRB approval to the Medical Informatics Committee for consideration and approval.
5. Any other individuals who require access to the University Hospital EHR, will complete an "Access to Electronic Health Record Request" and submit this request to the Medical Informatics Committee for consideration and approval, including individuals in category A. 4, 5 and 6.
6. The Medical Informatics Committee will consider each written request for access. The Medical Informatics Committee will give each approved request to IS&T to implement and will notify Medical Records of this approval.
7. The Medical Informatics Committee will track and report approval of access to the UH EHR to HS&T, who will issue access.

TERMINATION OF ACCESS:

- A. All access to the University Hospital EHR will be terminated if an individual:
 - a. is no longer a student, employee, or medical staff member; or
 - b. completes the approved research project for which access was approved; or,
 - c. no longer requires access for the performance of a job at University Hospital; or,
 - d. violates the UH Confidentiality & Information Security Agreement.
- B. Procedure

The HS&T Department will be notified by the Medical Informatics Committee, the New Jersey Medical School Registrar, the IRB, or the Human Resources Department of any termination of employment, school, research project, or medical staff membership, so that timely termination of access to the UH EHR can be accomplished by HS&T. HS&T will ensure that de-provisioning occurs in all EHR Systems.

AUTHORIZATION/APPROVALS	NAME	SIGNATURE:
Acting President and CEO	James R. Gonzalez, MPH, FACHE	
Chief Medical Officer & Associate Dean for Clinical Affairs	Suzanne H. Atkin, MD, FACEP	
Vice President, Patient Care Services & Chief Nursing Officer	Theresa Rejrat, RN, MA	
Chief Medical Information Officer	Michael Sirkin, MD	
Executive Compliance Officer	Dara Quinn	
Executive Director, Office of Clinical Research Administration	Sonia Kleiner	
Director, Medical Records	Irene Szczech	
Director, Hospital Systems and Technology	Richard Tunnell	
Director, Accreditation and Regulatory Affairs	Sarah Walters	

NOTE: Violation of policy may result in job termination.